

Fee Only

Docket No.: 00-8006

**RECEIVED
CENTRAL FAX CENTER****SEP 09 2004****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:
Deepak V. Ayyagari et al.

Application No.: 09/727,926

Group Art Unit: 2665

Filed: November 30, 2000

Examiner: Phan, Man U

For: AN INTEGRATED METHOD TO DO
SCHEDULING ACCESS CONTROL AND
ROUTING FOR AD HOC WIRELESS
NETWORKS

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this document is being transmitted via facsimile to the Patent and Trademark Office on the date shown below.			
Name (Print / Type)	Christian R. Andersen	Signature	Date
	<i>Christian R. Andersen</i>		September 9, 2004

AMENDMENT PURSUANT TO 37 CFR 1.111

Dear Sir:

In response to the Office Action dated June 9, 2004 (hereinafter "the Office Action"), Applicants respectfully request reconsideration of the claims for allowance in light of the amendments and remarks provided below:

Amendments to the Claims begins on page 2.**Remarks begin on page 10.**

10/26/2004 PYARWORO 00000003 072347 09727926

01 FC:1201 258.00 DA
02 FC:1202 72.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09727926

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20 =	12
INDEPENDENT CLAIMS	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus .. 32	= 4
Independent	6	Minus ... 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	710.00
X\$18=	216
X80=	
+270=	
TOTAL	926

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	172
X80=	258
+270=	
TOTAL ADDIT. FEE	330

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.